
TREAT A PATIENT AFTER A SUICIDE ATTEMPT BY SWALLOWING A CRACKER

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Abstract: Explosive injuries to the oral cavity make the restoration of optimal oral function a challenge for surgeons. An explosion in the oral cavity can cause burns and concomitant injury with inhalation of smoke in the upper respiratory tract. We present the case of a patient in whom, as a result of an explosion by a cracker, the patient is totally numb and has numerous burns and lacerations on the upper, lower lip and the hard and soft palate, tongue and floor of the oral cavity. After careful monitoring, his cardiopulmonary function and vital signs were stable and we underwent reconstructive surgery. The patient was operated on under general anesthesia, more than 120 sutures were placed, and all affected vessels were ligated. The patient was observed for 14 days while in the hospital, with good healing processes.

Keywords: explosive injuries, reconstructive surgery, oral cavity, injuries

1. INTRODUCTION

Explosive suicide is a relatively common occurrence, especially in countries where gun laws are more lenient, such a method of suicide being one of the most commonly observed given that such a phenomenon has spread so widely (1).

Suicidal explosions are rare in most jurisdictions in the field of forensic pathology. Although a significant number of suicide deaths are localized in the head (2), many cases involve the oral cavity. As with other explosions, blast injuries can be classified as primary, secondary, tertiary and quaternary types. We present the case of a patient who attempted suicide with explosives, with specific wounds after the explosion in the oral cavity, in which the injuries and wounds do not affect the jaw and facial bones.

2. DESCRIPTION OF THE CASE

It is about an 86-year-old man who is being treated as an emergency after a suicide attempt with a pirate who failed to swallow and it exploded in his mouth. This patient has also made previous suicide attempts by swallowing acid and jumping from the third floor, but without success.



Picture 1- photo before treatment



Picture 2 - photo with threads



Picture 3 - with threads

3. DISCUSSION

A larger study by Rajs et al. assess all deaths related to the explosion in Sweden during the six-year period 1979 to 1984 (3). Of the 61 victims of the explosion, 25 (44%) were identified as suicidal. They were all men, many of whom exhibited one or more suicidal risk factors, including physical illness or disability, mental disorder, history of drug and / or alcohol abuse, social or economic factors, or a pronounced intent to commit suicide.

Only a few cases have been described in the medical literature regarding oral explosions, in cases of suicide (4).

According to statistics, this is the third such case in Bulgaria for a suicide attempt in such a way, as of the previous two one only ended fatally due to the explosion of a cracker in the abdominal cavity of the suicide (5). The examination revealed total edentulousness of the patient and multiple burns and lacerations to the upper, lower lip and the hard and soft palate, tongue and floor of the oral cavity. The bleeding was profuse due to rupture of the labile artery and vein due to the explosion of the cracker. The patient was operated on under general anesthesia, more than 120 sutures were placed, and all affected vessels were ligated.

The patient was observed for 14 days while in the hospital, good healing processes were observed, on day 3 he could now feed himself without the need for a nasogastric tube, the wounds healed extremely well. We were not able to track after the removal of the sutures and we did not even remove them because the patient made a new suicide attempt this time, jumping from the 4th floor.

4. CONCLUSION

Improvised explosive devices have created a new class of victims, which is a unique surgical challenge for oral and maxillofacial surgeons. The pattern of injury and severity are different from those seen in conventional trauma

patients. In the presented case the way of the suicide attempt and the specific wounds after the exposure in the oral cavity are specific, as the traumas and wounds do not affect the jaw and facial bones.

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